

DONATION FORM

	Reference No.
FIRST NAME	SURNAME
ADDRESS	
POST CODE	
MOBILE NO.	EMAIL
GENERAL DONATION	OTHER DONATIONS (Please Specify)
Make your g	ift worth more with Gift Aid (Please Tick and Sign) giftaid it
	Expayer. I want The Cambridge Mosque Trust to treat all gifts of money that I have made in the past all future gifts of money that I make from the date of this declaration, as Gift Aid donations.
	that if I pay less Income Tax and/or Capital Gains Tax then the amount of Gift Aid claimed on all my that tax year is my responsibility to pay any difference.
DATE	SIGNATURE
STANDING ORDER	
TO THE BANK	MANAGER, Reference No.
PLEASE PAY £	EVERY MONTH QUARTER YEAR
STARTING	UNTIL OR FURTHER NOTICE
TO THE BENEFIT OF THE CAMBRIDGE MOSQUE TRUST , HSBC, 63-64 ST ANDREW'S STREET, CAMBRIDGE, CB2 3BZ, UK. SORT CODE 40-16-08 ACCOUNT NO. 54298209	
BANK NAME	
BRANCH ADDR	ESS
ACCOUNT NO.	SORT CODE
FIRST NAME	SURNAME
SIGNATURE	DATE

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